

County of Responsibility:

## COUNTY REVIEW OF NURSING HOME, IMD OR ICF-MR REFERRALS

Admission of persons with developmental disabilities and/or persons with mental illness to nursing homes (including ICF-MR facilities) will not be approved by the Bureau of Quality Assurance unless this form is completed by an employee of a County Agency. A copy must be attached to the Care Level Determination Form submitted by the facility.

* Name:	* DOB:
* Current Address:	* Social Security #:
Current Type of Residence: <input type="checkbox"/> own home <input type="checkbox"/> community residence <input type="checkbox"/> hospital <input type="checkbox"/> other institution	
Name and Address of Facility being Recommended:	
Check <b>ALL</b> the boxes below that apply to the individual. The client has a: <input type="checkbox"/> Mental illness <input type="checkbox"/> Developmental disability due to a brain-injury <input type="checkbox"/> Brain-injury that occurred prior to 22nd birthday <input type="checkbox"/> Brain-injury that occurred after 22nd birthday <input type="checkbox"/> Developmental disability not due to brain-injury	

*Recommendation:* (check appropriate box)

<input type="checkbox"/> NURSING FACILITY – ADMISSION RECOMMENDED (Includes IMD's) (check ONE of the seven boxes below) Person exempt from Level II Screening (check one): <input type="checkbox"/> Hospital Discharge Exemption – 30-day maximum <input type="checkbox"/> Pending Alternate Placement – 30-day maximum <input type="checkbox"/> Emergency Placement – 7-day maximum <input type="checkbox"/> Respite Care – 30 days per year maximum <input type="checkbox"/> Person has a brain injury that occurred after 22nd birthday and does not have an additional developmental disability or an accompanying mental illness  Level II Screen required: <input type="checkbox"/> County has received a recently completed Level II screen summary from the PASARR evaluation team <input type="checkbox"/> Person needs a Level II screen by area PASARR evaluation team
<input type="checkbox"/> Admission to a HSS-132 licensed nursing home that is not Medicaid certified
<input type="checkbox"/> ICF-MR (FDD) ADMISSION Recommended
<input type="checkbox"/> ADMISSION <u>NOT</u> RECOMMENDED for the following reason(s):
Signature & Title of the County Staff Person Completing This Form:
Date:

Note: The completion of this form does not constitute placement and specialized services determinations under the PASARR program or establish MA eligibility.

The County Agency shall send the form to the facility to which admission was requested. A copy shall be sent to the DSL Bureau of Developmental Disabilities Services (persons with developmental disabilities only) or DSL Bureau of Community Mental Health (person with mental illness only). For persons with a dual diagnosis, please send both DSL Bureaus a copy. **Please see the reverse side for further information.**

Wisconsin counties must approve each admission of a person who has a developmental disability or a mental illness to a nursing home, an institution for mental diseases (IMD) or an ICF-MR. The responsible county agency documents its approval by the completing this form.

PASARR only applies to Medicaid certified nursing homes (which include the few remaining IMDs). PASARR applies to each person, regardless of age or payment source, seeking admission to or residing in a Medicaid certified nursing home or IMD. Only those persons who are suspected of having a developmental disability or a mental illness require a Level II screen.

PASARR does not permit any permanent exemptions. There are four allowable short-term admission exemptions. If it appears that a client will need to stay longer than permitted under the short-term exemption, then the nursing home will need to contact the PASARR area team to complete a Level II screen as soon as the nursing home believes that the person will need to stay beyond the permitted time period. The county will need to complete another DSL-822 form if the county recommends a longer stay than is allowed in one of the short-term admission exemptions. The short-term exemptions cannot be used back-to-back in order to extend a persons placement beyond the allowable time limit. It is NOT ACCEPTABLE to use a short-term exemption to admit a person to a nursing home when the intent is for long term care:

**Hospital Discharge Exemption.** Under this exemption an individual may enter the nursing home from a hospital for the purpose of convalescing from a medical problem for 30 days or less.

**Pending Alternate Placement-30 Day** exemption is an attempt to respond to those situations in which the person's community placement has dissolved and nursing care is needed, but hospitalization was found to be unnecessary. The intent of this short-term exemption is for the person to return to the community.

**Emergency Placement-7 Day** is an exemption to be used in situations where protective services are needed and a nursing facility stay of no more than 7 days is needed for further assessment and emergency planning purposes.

**Respite Care-30 Days per Year** is a short-term exemption that is to be used for the benefit of providing relief to in-home caregivers to whom the person will be returning after a brief stay.

**When to check the section "Level II Screen required."** For admissions of persons with developmental disabilities and/or mental illness to nursing homes for other than the four short-term exemptions, a Level II screen will need to be completed by the PASARR area team prior to admission.

If the county recommends nursing home admission for other than one of the four short-term exemptions, then the county checks the DSL-822 box marked "Nursing Facility-Admission Recommended" and one of the boxes under "Level II required."

If the county has received a Level II Facesheet or a Level II summary form from the PASARR team, check the first box. If the county has not yet received the Level II Facesheet or Level II summary then check the second box. *Do not use the same DSL-822 form to recommend one of the four short-term exemptions and the "Level II screen required" section.*

**CHECK ONLY ONE OF THE SEVEN BOXES.**

The separate category "Admission to a HFS-132 licensed nursing home that is not Medicaid certified" refers to the ten remaining private pay only nursing homes in the Wisconsin. Individuals entering those facilities do not require PASARR screens, but **do** require DSL-822 approval if they have a developmental disability or mental illness.

Persons entering an ICF-MR (FDD) are not subject to PASARR, but **do** require DSL-822 approval. Persons transferring from an ICF-MR, including a distinct-part ICF-MR, to a nursing home are subject to PASARR.

**Special Note Regarding Persons Who Have Had A Brain Injury:** If the brain injury occurred prior to the person's 22nd birthday a PASARR screen is required. Complete the DSL-822 form as instructed above. If the brain injury occurred *after* the 22nd birthday, a PASARR screen is not required unless the person has an additional developmental disability and/or mental illness diagnosis, however a DSL-822 *is required*. The reason for the distinction is the fact that the Wisconsin statutory definition of developmental disability specifically includes brain injury regardless of age of onset.

**Special Note Regarding Use for Out-of-State Circumstances:** The DSL-822 form is not applicable for individuals placed in Wisconsin facilities from other states. Such individuals must receive approval and funding from the Medicaid program in their state. Counties should complete the DSL-822 form for each county resident who will be placed in a facility in another state.

\* Personally identifiable information on the DSL-822 form is necessary for tracking purposes by the Department in its efforts to ensure compliance with State statutes and regulations and will not be used for any other purpose.